

536

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made
by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Gila County Arizona No..... St.
(Registration District)

SEX OF CHILD*	Twin	}	and	}	Number in order of birth
Female	Triplet or other? <u>X</u>				

I HEREBY CERTIFY that the child described herein
has been namedDATE OF BIRTH* June 24, 1911
(Month) (Day) (Year)Alvessa Stemm
(Give name in full) (Surname)FULL
NAME John Henry Stemm

(Parent's Signature)

FULL*
MAIDEN NAME Juanita OrtegaX Nell H. Welch
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
5M 5/20/41

124-624-1101